

cataracts, diabetic retinopathy, age-related macular degeneration and cytomegalovirus retinitis. **CONCLUSIONS:** For research that requires a self-administered measure of vision-related QOL, the NEI-VFQ-25 appears to be the optimum choice. It has demonstrated acceptable psychometric properties across several QOL domains with minimal respondent burden.

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COMPARING THE QUALITY OF LIFE EFFECTS OF PRIMARY FOCAL HYPERHIDROSIS TO OTHER DERMATOLOGICAL CONDITIONS AS ASSESSED BY THE DERMATOLOGY LIFE QUALITY INDEX (DLQI)

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OBJECTIVES: The objective of this study was to assess and descriptively compare the quality of life (QOL) effects of hyperhidrosis (HH), as measured by the Dermatology Life Quality Index (DLQI), relative to other dermatological conditions with published DLQI scores. **METHODS:** Primary hyperhidrosis patients asking for care at the Dermatology Clinic of the University of Würzburg completed the DLQI as part of a research study to assess the quality of life burden resulting from hyperhidrosis. Patients were categorized by main site of involvement (i.e. axillary, palmar, other) to identify any focal location-dependent differences. In addition, a literature search was performed to identify published reports of DLQI scores for hyperhidrosis and other dermatological conditions. Mean DLQI total scores observed in this clinic cohort were compared with those for other dermatological conditions to determine the relative QOL effects of hyperhidrosis. **RESULTS:** DLQI data were collected from 345 hyperhidrosis patients in the dermatology clinic. Forty-two published reports of mean DLQI total scores for dermatological conditions, including three for hyperhidrosis, were identified. Mean DLQI total scores for hyperhidrosis ranged from 9.9–18 indicating significant quality of life impairment. By focal location of hyperhidrosis, reported ranges for mean DLQI total scores were: palmar (8.8–18), axillary (10–17), facial (12.5), and mixed (9.2–15.5). Overall, hyperhidrosis was associated with similar or greater impairment than other dermatological conditions including psoriasis (4.5–13.9), eczema (4.1–16.2), and acne (4.3–9.3). Similar mean DLQI total scores and ranges were observed for both axillary and palmar hyperhidrosis. **CONCLUSIONS:** This review suggests that the QOL effects of hyperhidrosis as assessed by the DLQI are comparable to, and in most cases greater than, other dermatological conditions for which DLQI data are available.

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IMPACT OF HYDROTHERAPY CARE ON THE QUALITY OF LIFE OF CHILDREN

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OBJECTIVES: Quality of life enables patients to assess the different consequences of the disease and/or treatment. Skin disorders have a strong impact on the patient's physical and psychological well-being and the numerous quality of life studies carried out among adults are here to confirm this. However, very few studies have been performed to assess the quality of life in children. This is mainly attributable to the fact that there is a lack of questionnaires to do this. **METHOD:** A specific scale developed by Professor A. FINLAY (C-DLQI—Children-Dermatology Life Quality Index) is completed by each child before starting the course of treatment at Avène Hydrotherapy Center, after three weeks of treatment, after three months and after 6 months. **RESULTS:** Every year, Avène Hydrotherapy Center welcomes a growing number of children suffering from chronic dermatosis. It thus seemed relevant to assess the quality of life of these children (4–15 years old). The following initial analysis has been obtained from the 30 first questionnaires completed upon inclusion and after 3 months. The DLQI score upon inclusion was 23.58 and 11.60 after 3 months. The results show an improvement in the patient's quality of life 3 months after the hydrotherapy course of treatment. This difference is statistically significant ($p = 0.010$). After 3 weeks of treatment, the C-DLQI score was 20.3 ($p = 20.32$). **CONCLUSION:** These results clearly show that even some time after the end of the hydrotherapy course of treatment, quality of life in children suffering from chronic dermatosis continues to be improved.

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THE FRENCH VERSION OF THE CARDIFF ACNE DISABILITY INDEX

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OBJECTIVE: The objective of our work was to translate the Cardiff Acne Disability Index (CADI) into French, with careful attention to the linguistic aspects and the cultural context of the French patients. **METHOD:** The CADI is a scale devised by Prof. R.J. Motley and A. Finlay of Cardiff to assess the disability caused by acne. This questionnaire has been used in numerous studies to evaluate the consequences of the disease in daily life or the effects of different treatments. Following international methodological recommendations, the CADI scale was translated in a standardized way consisting of forward translation, quality control, backward translation, and a